

Office of Senator Richard Blumenthal
Information Release Form

**Under the Privacy Act of 1974, your signature is required for Senator Blumenthal to contact federal agencies and private institutions on your behalf.

Name: _____

Address: _____

City and Zip Code: _____

Daytime: () _____ (work/home, circle one) Fax: () _____

Evening: () _____ (work/home, circle one) Cell: () _____

E-mail: _____

Social Security Number (if applicable): _____ Date of Birth: _____

Identification or Case Number: _____

Federal agency you need help with: _____

Nature of issue: _____

I authorize the Office of Senator Richard Blumenthal to address the matter described above on my behalf and to receive any relevant information the Senator and his staff may need in their efforts to provide assistance to me:

Signature

Date

Please complete and mail this form to:

Senator Richard Blumenthal
30 Lewis Street, Suite 101
Hartford, CT 06103